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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	500.41255X00
		First Inventor	ISHIBASHI, RYO
		Title	CORROSION RESISTANT, HIGH STRENGTH ALLOY AND A METHOD FOR MANUFACTURING THE SAME
		Express Mail Label No	
(Only for new nonprovisional applications under 37 CFR 1.53(b))			
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
SEE MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
3. <input checked="" type="checkbox"/> Specification [Total Pages: 48] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 10]			
5. Oath or Declaration [Total Pages: 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
		17. <input checked="" type="checkbox"/> Other: CREDIT CARD PAYMENT FORM, FIGS. 1-15	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
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Signature		William I. Solomon	February 27, 2002

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0;"><i>Patent fees are subject to annual revision.</i></p>				Complete if Known																																																																																																																																																																																	
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<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 01-2135 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>3. 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**or number previously paid, if greater; For Reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	William I. Solomon	Registration No. (Attorney/Agent)	28,565	Telephone	703-312-6600
Signature		Date	02/27/02		

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